

## Entry Blank—Please Type or Print

☐ Ms./Artist

☐ Mr./Artist

Garie Crawford  
(last name last)

Permanent  
Address

3050 E Overlook Rd

Street

City

CHgo

Daytime Tel. (

44106

Zip

area

9875277

Temporary or  
Studio Address

Street

City

Daytime Tel. ( )

Zip

area

If you do not presently live in one of the counties of the Western  
Reserve, in which county were you born? \_\_\_\_\_

Collaborator (if any) \_\_\_\_\_

If May Show entries are not accepted or are not sold:

☐ Artist will pick up at Museum.

☐ Museum should dispose of.

☐ Museum should ship to artist at artist's expense:

Street

City

State

Zip

## Special Instructions

Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.

When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until July 17, 1988.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

Signature \_\_\_\_\_

I have received the unsold/unaccepted object(s) in good condition.

Signature \_\_\_\_\_

# Entry Blanks

## A

☐ Paintings

☐ Sculpture

☐ Graphics

☐ Crafts

☐ Photography

(specify category)

Materials used (media):

Title

Price or NFS

 Insurance Value  
if NFS Only

Size

height x width x depth

### GRAPHICS AND PHOTOGRAPHY ONLY

 Additional No.  
For Sale

Total No. in Edition

 Price  
Unframed

 Price of  
Frame

ACCEPTED

**DO NOT WRITE IN THIS SECTION**

ACCEPTED

NOT ACCEPTED

NOT ACCEPTED

## B

☐ Paintings

☐ Sculpture

☐ Graphics

☐ Crafts

☐ Photography

(specify category)

Materials used (media):

Title

Price or NFS

 Insurance Value  
If NFS Only

Size

height x width x depth

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Frame

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ACCEPTED

REC'D

NOT ACCEPTED

NOT ACCEPTED

DATE

Detach entire portion along dotted line and submit with slides, but retain tags

Entry Blank—Please Type or Print

- ☒ Ms./Artist  
☐ Mr./Artist

GARIE W. CRAWFORD

(last name last)

Permanent  
Address

3050 E. OVERLOOK RD.

CLEKE HTS.

Street

City

OHIO

44118  
Zip

Daytime Tel. (216) 987-5277  
area 371-0116

Temporary or  
Studio Address

Street

City

Zip

If you do not present  
Reserve, in which case

Collaborator (if any)

If May Show entries

- ☒ Artist will pick up  
☐ Museum should  
☐ Museum should

W. pick up  
Mon 7/18  
@ 10:00  
NO.  
didn't come. NOW  
WED. 7/20

Street

City

State

Zip

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Gare W Crawford

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Signature

Gare W Crawford

# Entry Blanks

## A

☐ Paintings

☐ Graphics

☒ Photography

☐ Sculpture

☐ Crafts

(specify category)

Materials used (media):

COLOR XEROX collage  
with painted areas

Title

PALENGUE: Man in the Rain Forest

Price or NFS

\$1200.00

 Insurance Value  
if NFS Only

Size

42" X 30"  
UNFRAMED  
height x width x depth

### GRAPHICS AND PHOTOGRAPHY ONLY

 Additional No.  
For Sale

Total No. in Edition

 Price  
Unframed

 Price of  
Frame

\$1,000.00 \$200.00

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ACCEPTED

NOT ACCEPTED

NOT ACCEPTED

## B

☐ Paintings

☐ Graphics

☒ Photography

☐ Sculpture

☐ Crafts

(specify category)

Materials used (media):

COLOR XEROX collage  
with painted areas

Title

"MASK"

Price or NFS

\$1200.00

 Insurance Value  
If NFS Only

Size

42" X 30"  
height x width x depth

### GRAPHICS AND PHOTOGRAPHY ONLY

 Additional No.  
For Sale

Total No. in Edition

 Price  
Unframed

 Price of  
Frame

\$1,000.00 \$200.00

ACCEPTED

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IN THIS SECTION

ACCEPTED

REC'D

NOT ACCEPTED

NOT ACCEPTED

DATE

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